DIVISION OF CLAIMS PROCESSING John F. D. Bowersox, Assistant Director 225-5347

The Division of Claims Processing originated as the Division of Invoice Processing and received its present name in Fiscal Year 1990. The Division processes all claims for payment made by providers of health care services under the Medical Assistance, Pharmacy Assistance and Prenatal Assistance Programs from the date they are received until they are destroyed two years later. Processing includes mail sorting, microfilming, entry of claims into the Medicaid Management Information System Batch and Invoice Control File, and processing of payments in excess of \$900 million annually for 10 million claims received. The Division maintains records of payments to, as well as collection from, the more than 25,000 health care providers enrolled in the Medical Assistance Program. The Division also serves as a centralized purchasing and inventory unit for the Administration.

DIVISION OF ELIGIBILITY SERVICES John P. Stewart, Assistant Director

225-5406

The Division of Eligibility Services, formerly the Division of Programs and Liaison, received its present name in Fiscal Year 1990.

DIVISION OF MEDICAID INFORMATION SYSTEMS

Alan R. Shugart, Assistant Director

225-5408

Established in 1982, the Division of Medicaid Information Systems serves as the data processing unit for Medical Care Programs. The Division performs systems analysis and programming and maintains a teleprocessing network. It maintains and operates the Medicaid Management Information System (MMIS), an automated claims processing and information retrieval system mandated by the federal government. Data processing for the Pharmacy Assistance Program, Geriatric Evaluation Services (GES), and Statewide Evaluation and Planning Services (STEPS) is provided by the Division.

DIVISION OF SPECIAL PROGRAMS Dawn L. Grosshandler, Assistant Director 225-5000

The Division of Special Programs includes the Kidney Disease Program and the invoice processing component for the Children's Medical Services Program of the Local and Family Health Administration.

The Kidney Disease Program began in 1971. It assists Marylanders who have end-stage renal disease with State payment of part or all of the cost of treatment.

MEDICAL CARE POLICY ADMINISTRATION

Joseph M. Millstone, Director John G. Folkemer, Deputy Director

201 W. Preston St. Baltimore, MD 21201

225-1432 225-5206

The Medical Care Policy Administration originated as the Policy Administration. In 1987, the Policy Administration was renamed as the Health Systems Financing Administration. The Administration received its present name in March 1990.

The Administration reviews and develops Medicaid policies and regulations that establish eligibility criteria, define services, detail coverage, specify limitations, and determine reimbursement rates. In addition, it maintains an up-to-date State Plan and obtains federal approval for program changes to assure the continued availability of federal matching funds.

The Administration works through nine divisions: Long-Term Care; Acute Care; Primary Care; Maternal and Child Health; Community Support Services; Administrative Services; Eligibility Services; Aging Services; and Program Services.

DIVISION OF LONG-TERM CARE Mark A. Leeds, Chief

225-1442

The Division of Long Term Care was organized in July 1979. The Division administers Maryland Medicaid coverage and reimbursement for nursing home services, medical day care, and personal care.

DIVISION OF ACUTE CARE Patricia C. Burkholder, Chief

225-1455

Established in July 1979, the Division of Acute Care administers all aspects of planning, preparation of and amendments to regulations, and interpretation of policy for the following parts of the Maryland Medical Assistance Program: Hospitals, Medical Laboratories, Residential Treatment Centers, Pharmacy, and Free-standing Dialysis Centers.

DIVISION OF PRIMARY CARE Donald Engvall, Chief

225-1482

The Division of Primary Care was formed in July 1987. The Division establishes and articulates the State's Medicaid policies and regulations pertaining to medical and professional services. Addressing the primary medical care needs of individuals, these services are provided directly to recipients on an